New Hampshire Communicable Disease Report Form 2005

DISEASE: REPORT DATE:				Diseases with an (*) should be reported within 24 hours. All others should be reported within 72 hours of diagnosis. NH RSA 141-C and He-P300 mandate that the listed communicable diseases are reportable by all physicians, labs and health	
Patient's Name				care providers. We request prompt reporting of suspect and confirmed cases as well as any suspect outbreaks of illness.	
Date of Birth Age □ Male □ Female Address				-Acquired Immune Deficiency Syndrome (AIDS)	
				-Anthrax [Bacillus anthracis]*	
				-Babesiosis [Babesia microti]*	
				- Botulism [Clostridium botulinum]* -Brucellosis [Brucella abortus]*	
City/Town State Zip Home Phone Work Phone				-Campylobacteriosis [Campylobacter species]	
				-CD4+ lymphocyte counts	
				-Chlamydial infection [Chlamydia trachomatis] -Cholera [Vibrio cholerae]*	
				-Cholera [vibrio cholerae]* -Coccidioidomycosis [Coccidioides immitis]	
Occupation/Employment				- Creutzfeldt-Jakob Disease*	
Race					-Cryptosporidiosis [Cryptosporidium parvum]
					-Cyclospora infection [Cyclospora cayetanensis] -Diphtheria [Corynebacterium diphtheriae]*
	ack ian /Pacific Islander		regnant lealth Care Worker		-Ehrlichiosis [Ehrlichia species]
	tive Am./Alaskan Native		ursing Home Resid	ent / Worker	-Encephalitis, arboviral only*
	her	\Box D	ay Care Child / Wor	rker	-Escherichia coli O157 infection and other shiga toxin producing E. coli
□ Ur	nknown		ood Service Worker	ſ	-Food poisoning*
Ethnici	ty		eceased	1 0)	-Giardiasis [Giardia lamblia] -Gonorrhea [Neisseria gonorrhoeae]
	spanic	□ н	ospitalized (if yes, v	where?)	Gonormea [iversseria gonormoeae]Haemophilus influenzae, invasive disease, sterile site*
	ot Hispanic				-Hantavirus Pulmonary Syndrome [Hantavirus]*
Diagnosis date Specimen Source				-Hemolytic Uremic Syndrome (HUS)	
_	test		□ Blood	☐ Cervix	-Hepatitis, viral: A*, B, E, G
	test	L	☐ Urine	☐ Urethra	-Hepatitis, viral: positive B surface antigen in a pregnant woman
TB (P)	PD) mm	_	☐ Pharynx ☐ Other (specify)	□ Rectum □ Unknown	-Human Immunodeficiency Virus (HIV) -Legionellosis [Legionella pneumophila]
	Xray? □ NO □ YES		☐ Other (specify)	□ Unknown	-Legionenosis [Legionetta pheumophita] -Leprosy, Hansen's disease [Mycobacterium leprae]
	•	-			-Listeriosis [Listeria monocytogenes]
Treatmo			The STD/HIV Pro		-Lyme disease [Borrelia burgdorferi]
Date provide confidential partner counseling and referral service			1 1 1	-Malaria [Plasmodium species]	
for your patient. Do you					-Measles [Rubeola]* -Mumps*
Dosage		this service? ☐ YES ☐ NO		-NumpsNumpsNeisseria meningitidis, invasive disease, sterile site*	
TC		4-1-1-1	D:	: 1: 4 - :6	-Pertussis [Bordetella pertussis]*
If reporting a Vaccine Preventable Disease, please indicate if					-Plague [Yersinia pestis]*
patient was previously vaccinated for this infection:				-Pneumococcal disease, invasive [Streptococcus pneumoniae]*	
⊔NO	☐ YES: Date Administered	1			-Pneumocystis pneumonia [Pneumocystis jiroveci formerly carinii] -Poliomyelitis [Polio]*
Does patient know of diagnosis? □ NO □ YES					-Psittacosis [Chlamydophila psittaci]*
•				-Rabies in humans or animals *	
Provider Information					-Rocky Mountain Spotted Fever [Rickettsia rickettsii]
Reported by				-Rubella, including Congenital Rubella Syndrome* -Salmonellosis [Salmonella species] (report <i>S.</i> Typhi* within 24 hours)	
				-Samonenosis [Samonena species] (report 3. Typin within 24 nours) -Shigellosis [Shigella species]	
Provider				-Streptococcus Group A/B, invasive disease [Streptococcus	
E21/6-				pyogenes/agalactiae], sterile site	
Facility				-Syphilis, including Congenital Syphilis Syndrome [Treponema pallidum]	
City/Town StateZip				-Tetanus [Clostridium tetani] -Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]	
City/10	VV 11		_ 5tate2	"h	-Trichinosis [Trichinella spiralis]
Phone_					-Tuberculosis disease [Mycobacterium tuberculosis]*
				-Tuberculosis infection, latent	
3 Ways to Report Communicable Disease in NH				-Tularemia [Francisella tularensis]*	
Phone: Hotline (888)836 4071 or Office (602)271 4406				-Typhoid fever [Salmonella Typhi]* -Typhus [Rickettsia prowazekii]*	
	Hotline (888)836-4971 or Office (603)271-4496 (603)271-0545 Do not fax HIV/AIDS reports				-Varicella*
Fax:					-Vibrio infection [V. cholerae, V. parahaemolyticus, V. vulnificus]*
Mail:	Department of Health and Human Services Communicable Disease Surveillance & Control				-Vancomycin Resistant Enterococci (VRE)
iviaii.					-Vancomycin Resistant Staphylococcus aureus (VRSA)*
	29 Hazen Drive				-Yersiniosis [Yersinia enterocolitica] Any unusual occurrence or cluster of illness which may pose a threat
Concord NH 03301				-Any unusual occurrence or cluster of illness which may pose a threat to the public's health*	
\			/	'	to the public b heaten